



Kings County

513-20
HEALTH INFORMATION MANAGEMENT DEPARTMENT
451 Clarkson Ave
Brooklyn, NY 11203
B Bldg Room BG 40

CERTIFICATION

I, Latoya Holley, Medical Record Specialist of Kings County Hospital Center hereby certify that the attached is in the custody of and is the full and complete record in the condition, act, transaction, occurrence of the Institution concerning

Benbow, James MR# 1946208

Patient's Name & Medical Record Number

1515 Hazen St. NYC East Elmhurst, NY 11370

Address

Entire Record Dated From 3/7/15 to 3/18/15

Emergency Room Record Date (s) _____ to _____

Ambulatory Care Records From _____ to _____

I further certify that this record was made in the regular course of business of this Institution and it is in the regular course of business of this Institution to make such record, and such record was made at the time of the condition, act, transaction, occurrence or event, or within reasonable time thereafter.

SIGNATURE:

DATE:

HEALTH
HOSPITALS

Kings County

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MANAGEMENT DEPARTMENT
451 Clarkson Ave
Brooklyn, NY 11203

DELEGATION OF AUTHORITY

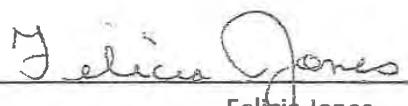
I, Sheldon McLeod, Interim Chief Executive Officer of Kings County Hospital Center, certify that Felicia Jones, Senior Associate Director of Health Information Management and Latoya Holley, Medical Record Specialist, whose signatures appear below, are responsible employees of this institution. I hereby authorize them to certify records of this institution as the full and complete record of the condition, act, transaction, occurrence or event, which have been made in the regular course of business of this institution. To make such records at this time of the condition, act, transaction, occurrence or event, is within a reasonable time thereafter.



Sheldon McLeod

Date: 3/31/20

Signature of Interim Chief Executive Officer

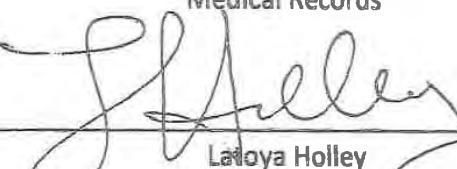


Felicia Jones

Date: 3/31/20

Signature of Senior Associate Director

Medical Records



Latoya Holley

Date: 3/31/20

Signature of Authorized Employee



Kings County

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451 Clarkson Ave
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Telephone: (718) 245-4241

REDISCLOSURE STATEMENT

“This information has been disclosed to you from confidential records which are protected by state law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence of both. A general authorization for the release of medical or other information is NOT sufficient authorization for further disclosure.”

451 Clarkson Avenue, Brooklyn, NY 11203
New York City Health and Hospitals

Rvsd. 1/17

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